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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/442,111 11/17/1999 *CTZ*  
 and claims benefit of 60/109,031 11/18/1998  
 and claims benefit of 60/109,096 11/19/1998

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*NONE CTZ*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/01/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>Christina J. Murphy</i> Initials	PA	13	34	2

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## TITLE

Low cost manufacture of oligosaccharides

FILING FEE  RECEIVED 962	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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